

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

25908

1. PLACE OF DEATH
 21 County Chariton Registration District No. 171
 3 Township Keosauqua Primary Registration District No. 4100
 3 City Keosauqua (No. _____, St. _____ Ward _____)

2. FULL NAME Eliza Frances Miller
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OR (OR) WIFE OF H. C. Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 0 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton County Mo.

13. NAME John Hoston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

15. MAIDEN NAME Missouri Herald

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton County Mo.

17. INFORMANT (ADDRESS) John Miller
St Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Keosauqua DATE Aug. 29 1933

19. UNDERTAKER (ADDRESS) Hyde & Hammett
Keosauqua Mo.

20. FILED Aug 28 1933 John Miller
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-20-1933 to 8-27-1933
 I last saw her alive on 8-28-1933 Death is said to have occurred on the date stated above, at 9 P. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
arteriosclerosis
 Date of onset 8-27-1933

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) A. W. Tilkeman, M. D.
 (Address) _____

